



labour

Department:
Labour
REPUBLIC OF SOUTH AFRICA

EMPLOYER'S REPORT OF AN OCCUPATIONAL DISEASE

**COMPENSATION FOR OCCUPATIONAL INJURIES AND DISEASES ACT, 1993
(ACT No. 130 OF 1993)**

[Section 68(2) – Commissioner's rules, forms and particulars – Annexure 12]

For office use only
Claim No.

This report must be completed in respect of an alleged occupational disease which an employee when he reports it alleges that the disease arisen out of and in the course of his employment irrespective of the fact that he may have contracted the disease in the employment of a previous employer.

N.B.: It is common knowledge that the symptoms of some diseases only appears years later after an employee might have left the employer's service where he was exposed.

It is therefore important to note that where a disease has been contracted in the employ of a previous employer, the cost of the claim, if it is accepted, shall not be set off against the employer in who's employ the disease was diagnosed.

This report must be forwarded to the:

Compensation Commissioner
P.O. Box 955
Pretoria
0001

1. A separate form must be completed for each employee.
2. This report should not be held back until the medical reports have been obtained.
3. An employer who fails to report an occupational disease on this form within 14 days to the Compensation Commissioner is in terms of this Act guilty of an offence and may be held liable for the full cost of the claim.
4. Please use the **W.CL.2(E)** form for the reporting of an **accident**.
5. Please keep record of an employee's address if he has contracted an occupational disease and leaves your employment in order that compensation if any may be awarded to him.

FOR OFFICE USE

ACCEPTANCE STAMP	CONTROL
REPUDIATE	EMPLOYER'S INDEX
NAME	
DATE	

DECLARATION BY EMPLOYER OR AUTHORISED PERSON

I hereby declare that the particulars, shown in items 1 to 40 of this report, of an alleged occupational disease contracted by the employee, are to the best of my knowledge and belief true and accurate.

Signed on this day of20..... **Signature**

EMPLOYER

1. Registered name with the Compensation Commissioner
 2. Registered number of this business with the Compensation Commissioner
 3. Contact person
 4. Street address 5. Postal code
 6. Postal address 7. Postal code 8. Tel. no. (.....)
 - 9.1 Fax no. (.....) 9.2 E-mail address
 10. E-mail address Situation of business/farm
 11. Nature of business, trade or industry
-

EMPLOYEE

12. Surname 13. First names
 14. ID no. 15. Date of birth/...../..... 16. Sex Male Female
 17. Marital state Married Single 18. Citizen of
 19. Personnel no. 20. Occupation
 21. Street address 22. Postal code
 23. Period in your employ (years/months)
 24. Is the injured employee a working director, working member of a CC, owner of or a partner in the business?
-

OCCUPATIONAL DISEASE

25. Nature of disease
26. Date the disease was diagnosed
27. Alleged cause of disease
.....
(State the agent present in the work-place and with which he had contact that caused the disease)
28. For how long a period was he exposed
29. Date employee reported the disease
30. Please mention the name and address of the employer if the employee did not contract the disease in your employment
.....
.....
.....
.....
31. What type of work was the employee performing with the other employer

OTHER PARTICULARS OF EMPLOYEE

32. Earnings of employee at the time of the diagnosis of the disease

	R/Week	R/Month
Gross cash earnings:		
(Including average payments for overtime and/or commission of a constant character)		
Allowances of a recurrent nature:		
a) Bonuses (i.e. 13th cheque)		
b) Other allowances (specify nature)		
Cash value of food		
Cash value of free quarters.....		

33. Will the employee during temporary total disablement continue to receive from you:

Free Food? YES NO

Free quarters? YES NO

34. Are you prepared to make cash payments during temporary disablement that lastss longer than three months?

YES NO

35. If you have already paid cash to the employee, state the total amount R.....

36. For what period where such payments made? From/...../..... to/...../.....

37. Date on which the employee ceased work

38. Date on which the employee resumed work
 [If employee has not yet resumed work, a Resumption Report (W.Cl. 6) must be submitted as soon as he resumes duty.]

FURTHER PARTICULARS

39. If the employee did to your knowledge receive compensation previously for the same disease or another disease or in respect of an accident, give particulars

40. Was the disease caused by the employee's –
 (a) Deliberate non compliance of directions YES NO

(a) Deliberate disregard of the terms of any law or statutory regulation designed to ensure the safety or health of employees or the prevention of diseases YES NO

(N.B.: If any reply is in affirmative, the employee must furnish an explanatory statement which must then be attached hereto together with your comments thereon.)

Diseases	Work
Pneumoconiosis-fibrosis of the parenchyma of the lung Pleural thickening causing significant impairment of function Bronchopulmonary disease Byssinosis Occupational asthma	<p>(a) Any work involving the handling of or exposure to any of the following substances emanating from the workplace concerned:</p> organic or inorganic fibrogenic dust asbestos or asbestos dust
Extrinsic allergic alveolitis	metal carbides (hard metal) flax, cotton or sisal the sensitising agents – <ol style="list-style-type: none"> (1) isocyanates (2) platinum, nickel, cobalt, vanadium or chromium salts (3) hardening agents, including epoxy resins (4) acrylic acids or derived acrylates (5) soldering or welding fumes (6) substances from animals or insects (7) fungi or spores (8) proteolytic enzymes (9) organic dust (10) vapours or fumes of formaldehyde, anhydrides, amines or diamines moulds, fungal spores or any other allergenic proteinaceous material, 2,4 toluene-di-isocyanates
Any disease or pathological manifestations Erosion of the tissues of the oral cavity or nasal cavity Dysbarism, including decompression sickness, barotrauma or osteonecrosis Any disease Allergic or irritant contact dermatitis Mesothelioma of the pleura or peritoneum or other malignancy of the lung Malignancy of the lung, skin, larynx, mouth cavity or bladder Malignancy of the lung, mucous membrane or the nose or associated air sinuses Malignancy of the lung Angiosarcoma of the liver Malignancy of the bladder Leukaemia Tuberculosis of the lung	beryllium, cadmium, phosphorus, chromium, manganese, arsenic, mercury, lead, fluorine, carbondisulfide, cyanide, halogen derivatives of aliphatic or aromatic hydrocarbons, benzene or its homologues, nitro-glycerine or other nitric acid esters, hydrocarbons, trinitrotoluol, alcohols, glycols or ketones, acrylamide, or any compounds of the aforementioned substances irritants, alkalis, acids or fumes thereof abnormal atmospheric or water pressure ionising radiation from any source dust, liquids or other external agents or factors asbestos or asbestos dust coal-tar, pitch, asphalt or bitumes or volatiles thereof nickel or its compounds hexavalent chromium compounds, or bis chloromethyl ether vinyl chloride monomer 4-amino-diphenyl, benzidine, beta, naphthylamine, 4-nitro-diphenyl benzene (1) crystalline silica (alpha quartz) (2) mycobacterium tuberculosis or MOTTs (mycobacterium other than tuberculosis) transmitted to an employee during the performance of health care work from a patient suffering from active open tuberculosis brucella abortus, suis or melliitensis transmitted through contact with infected animals or their products bacillus anthracis transmitted through contact with infected animals or their products coxiella burneti emanating from infected animals or their products mycobacterium bovis transmitted through contact with infected animals or their products
Brucellosis	
Anthrax	
Q-fever	
Bovine tuberculosis	
Hearing impairment	<p>(b) Any work involving the handling of or exposure to any of the following:</p> excessive noise vibrating equipment
Hand-arm vibration syndrome (Raynaud's phenomenon)	
Any disease due to overstraining of muscular tendonous insertions	repetitive movements